



Handwritten signature/initials

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of

ANDO et al.

Application Number: 10/728,904

Filed: December 8, 2003

For: INFORMATION MANAGEMENT SERVER AND
INFORMATION DISTRIBUTION SYSTEM

Attorney Docket No. GOTO.0008

Art Unit 3715

Examiner
Timothy A. Musselman

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

☒ The fee for submission of claims is calculated as shown below:

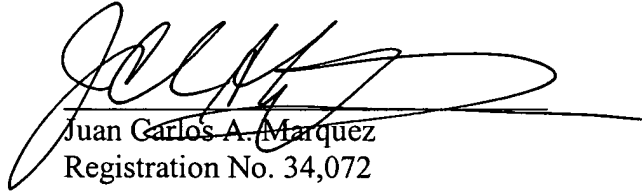
FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	8	8	(Over 20)	x \$52	0
Independent Claims	3	3	(Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
TOTAL					0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Response to Notice of Non-Compliant Amendment (with Claim Amendments) | <input type="checkbox"/> Petition for Extension of Time for _ month |
| <input type="checkbox"/> Substitute Abstract | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Letter to Draftsperson |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Assignment |
| | <input type="checkbox"/> Other _____ |

- [] Please charge my **Deposit Account Number 12-0555** in the amount of _____ to cover the fees for _____
- [] Credit card information for \$_____ for the fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 12-0555**.

Respectfully submitted,



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